Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

03500.017450

| CLAIMS AS FILED - PART I  |  |   |                 |                               |                      |                  |          | SMALL ENTITY        |                        |         | OTHER THAN          |                        |  |
|---|--|---|-----------------|-------------------------------|----------------------|------------------|----------|---------------------|------------------------|---------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | (Column 1)      |                               | (Column 2)           |                  |          | TYPE                |                        | OR.     | SMALL ENTITY        |                        |  |
| TOTAL CLAIMS  |  |   | 23              |                               |                      |                  |          | RATE                | FEE                    |         | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED    |                               | NUMBER EXTRA         |                  |          | BASIC FEE           | 375.00                 | OR      | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 23 minus 20=    |                               | * 3                  |                  |          | X\$ 9=              |                        | OR      | X\$18=              | 54                     |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =       |                               | * (                  |                  |          | X42=                | 1                      | OR      | X84=                | 84                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                 |                               |                      |                  |          | +140=               |                        | OR      | +280≈               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in colur                 |  |   |                 |                               |                      | olumn 2          |          | TOTAL               |                        | OR      | TOTAL               | 888                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |                 |                               |                      |                  |          |                     |                        | •       | OTHER               | THAN                   |  |
| <u> </u>  |  | (Column 1)                                |                 | (Column 2)                    |                      |                  | •        | SMALL               | ENTITY                 | OR      | SMALL               |                        |  |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT EXTRA    |          | RATE                | ADDI-<br>TIONAL<br>FEE | 1000000 | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus           | **                            |                      | =                |          | X\$ 9=              |                        | OR      | X\$18=              |                        |  |
|   | Independent                                    | * NTATION OF M                            | Minus           | ***                           | T CL AIAA            | =                |          | X42=                |                        | OR      | X84=                |                        |  |
| <u> </u>  | FIRST PRESE                                    | INTATION OF M                             | ULTIPLE DEF     | ENDEN                         | CLAIM                | <u></u>          | ]        | +140≈               |                        | OR      | +280=               |                        |  |
|   |  |   |                 |                               |                      |                  |          | TOTAL               |                        | OR      | TOTAL<br>ADDIT, FEE |                        |  |
|   | •  | (Column 1)                                |                 | (Colui                        | mn 2)                | (Column 3)       |          | ADDIT. FEE          |                        |         | ADDIT, FEET         |                        |  |
|   |  | CLAIMS                                    | ,               | HIGH                          | IEST                 | (Coldinii o)     | <b>1</b> |                     | ADDI-                  |         | <u> </u>            | ADDI-                  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVIO<br>PAID         | OUSLY                | PRESENT<br>EXTRA |          | RATE                | TIONAL<br>FEE          |         | RATE                | TIONAL                 |  |
|   | Total  | *   | Minus           | **                            |                      | =                |          | X\$ 9=              |                        | OR      | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus           | ***                           | <del> </del>         | =                |          | X42≈                |                        | OR      | X84=                |                        |  |
| <u> </u>  | FIRST PRESENTATION OF MU                       |   | JLIPLE DEPENDEN |                               | I CLAIM              |                  | ַ        | +140=               |                        | OR      | +280=               |                        |  |
|   | )  | ) 4 11 18                                 |                 |                               |                      |                  |          | TOTAL               |                        |         | TOTAL               |                        |  |
|   | 1  | (Column 1)                                |                 | (Colu                         | mn 2) (Column 3)     |                  |          | ADDIT. FEE          |                        |         | ADDIT, FEE          |                        |  |
| <u></u>   |  | CLAIMS                                    |                 | HIGH                          | HEST                 |                  | וו       |                     | ADDI-                  |         | <del></del>         | ADDI-                  |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | PREVI                         | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | TIONAL                 |         | RATE                | TIONAL                 |  |
|   | Total  | *   | Minus           | **                            |                      | = .              |          | X\$ 9=              |                        | OR      | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus           | ***                           |                      | =                | ן נ      | X42=                |                        | 00      | X84=                |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |                      |                  |          |                     |                        | OR      | <del></del>         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                 |                               |                      |                  |          |                     |                        | OR      | +280=               | <u> </u>               |  |
| **  | lf the "Highest Nu                             | mber Previously P                         | aid For" IN THI | S SPACE                       | is less tha          | n 20, enter "20  | )."      | TOTAL<br>ADDIT. FEE | ů.                     | OR      | TOTAL<br>ADDIT. FEE | ***                    |  |
|   |  | imber Previously Pa<br>nber Previously Pa |                 |                               |                      |                  |          | _                   | propriate box          | x in co |                     |                        |  |